

STATE OF SOUTH CAROLINA
COUNTY OF _____

IN THE PROBATE COURT
CASE NUMBER: _____-GC-____-_____

IN THE MATTER OF:

_____,
a protected person.

_____,
Petitioner(s)

vs.

_____,
Respondent(s)

SUMMONS

TO THE RESPONDENT(S) LISTED ABOVE:

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

(Name of Petitioner/Attorney for Petitioner, PRINT)

(Street address or mailing address, PRINT)

(City, State, and zip code, PRINT)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

Signature of Petitioner(s)/Attorney for Petitioner

Date: _____

STATE OF SOUTH CAROLINA
COUNTY OF _____

IN THE PROBATE COURT
CASE NUMBER: _____-GC-____-_____

IN THE MATTER OF:

_____,
a protected person.

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Petitioner(s)

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_____,
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**PETITION REQUESTING SOUTH CAROLINA
ACCEPT GUARDIANSHIP/CONSERVATORSHIP
FROM SENDING STATE**

This Petition is submitted pursuant to S.C. Code §62-5-715 of the South Carolina Adult Guardianship and Protective Proceedings Jurisdiction Act.

1. As Guardian(s) and/or Conservator(s), Petitioner(s) request(s) the Court to accept the transfer of this Guardianship and/or Conservatorship, from _____ (County) in _____ (State). The case number from the sending state is _____.
2. The Protected Person is physically present in **or** is reasonably expected to permanently move to _____ (county), South Carolina **or** the Protected Person has significant connections to _____ (county), South Carolina considering the factors provided in S.C. Code § 62-5-707(2)(b).

3. Information about the Guardian or Co-Guardian:

Name: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Name: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

4. Information about the Conservator or Co-Conservator:

Name: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Name: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

5. Information about the Protected Person:

Name: _____ Current age: _____ Date of Birth: _____
Address (Include name of facility, if any): _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Type of Residence: Private Nursing Home Assisted Living Home Other:

6. The Petitioner requests that South Carolina accept this Guardianship/Conservatorship for the following reasons:

7. Petitioner hereby files with this Court certified, exemplified or authenticated copies of the following documents:

- The foreign court's order(s) of appointment and any subsequent orders issued by the foreign court, including the provisional order of transfer;
- Report(s) of examiner(s);
- The foreign court's letters or other documents evidencing or affecting my authority to act as guardian and/or conservator;
- Any bond(s) filed with the appointing foreign court;
- All reports of guardian, inventories and annual accountings filed with the appointing foreign court;
- Other: _____

8. The Petitioner(s) will provide this Petition to those interested persons requiring notice listed below or has obtained consents, which are attached to this Petition, from all persons entitled to notice. (S.C. Code Ann. §§ 62-1-401, 62-5-303, 62-5-403, 62-5-715(B).)

9. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Sending State	Relationship to Protected Person
Name of Interested Person Requiring Notice in South Carolina, not listed above	Relationship to Protected Person

VERIFICATION

The Petitioner, being sworn, states that the facts set forth in the Petition are true to the best of the Petitioner's knowledge, information and belief.

SWORN to before me this _____ day of _____, 20 ____.

Print Name: _____
 Notary Public for: _____

My Commission Expires: _____

Petitioner's Signature: _____
 Print Name: _____
 Address: _____

Telephone: _____
 Email: _____
 Relationship to the Protected Person: _____

Executed this _____ day of _____, 20 ____ .

SWORN to before me this _____ day of _____, 20 ____.

Print Name: _____
 Notary Public for: _____

My Commission Expires: _____

Co-Petitioner's Signature: _____
 Print Name: _____
 Address: _____

Telephone: _____
 Email: _____
 Relationship to the Protected Person: _____

Executed this _____ day of _____, 20 ____ .